Background: Although Taxane is widely used for various types of cancer for lung cancer treatment, it is used for no more than five years. Thus, there is not enough data on survival benefit of this new agent. In order to investigate the impact of Taxane in the survival of patients with NSCLC, a multi-centre retrospective investigation was conducted between 1st January 1995 and 31st December 2006.

Methods: Two groups of patients were included: Group A consisted of 403 patients (338 males and 45 females), median 61,00 ± 0.41 years, treated with Docetaxel (D) in a dose of 100mg/m^2 in a two-hour infusion, combined with Carboplatin (C) in a dose of AUC = 5.5 in a four-week interval up to 8 cycles. Group A consisted of 288 patients (266 males and 22 females), median 62 ± 0.47 years, treated with a variety of chemotherapeutic agents including Carboplatin in the same dose as in group A, following the same number and cycle interval. No statistically significant differences were observed in age, histological type, performance status and TNM staging between the two investigated groups.

Results: The table shows the median survival in each group of patients. Kaplan Mayer method was used to estimate survival curves and log rank correlation to check for statistical difference between the two groups.

	N	Survival (in days)	P
		Median ± SEM (95% CI)	(log rank)
Group A	403	356 ±19.3 (318 - 393.9)	
Group B (all cases)	288	250 ± 15.3 (287.4 - 342.5)	
Group A	197	411 ± 40.5 (331.6 - 490)	0.047
Group B (stage IIIb)	173	286 ± 31 (224.6 - 347)	
Group A	206	299 ± 20 (259 - 338.7)	0.007
Group B (stage IV)	115	203 ±26 (151 - 254.7)	

A statistical significant increase in patients' survival of group A was observed compared to group B, especially in patients of stage IV. Moreover, an increase in survival of group A was observed in stage IIIB, but at the limits of significancy.

Conclusion: It seems that D administration increases survival in patients with NSCLC especially in stage IV. On the other hand, in stage IIIb the survival benefit is at the limits of significancy.

P2-325 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

Chemotherapy in elderly (Over 75 years old)lung cancer patients: a retrospective analysis

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Objective: Recent trials have shown significant survival benefit from adjuvant chemotherapy after resection of NSCLC. Whether elderly patients tolerate platinum-based adjuvant chemotherapy and derive the same survival advantage is unknown. This retrospective study evaluated the influence of age on survival, chemotherapy delivery and toxicity.

Methods: Pretreatment characteristics, follow up data and survival benefit from treatment were collected. Chemotherapy delivery, toxicity 1-year survival and disease control rate (DCR) were compared for 99 treated patients.

Results: There were 99 elderly patients who were over 75 years. Overall DCR was 83%, that for monotherapy, two-drug and three-drug were 66.7%, 81% and 91%, respectively. 1-year survival rate was 38%,15%,25% and 66%, respectively. The toxicity was tolerable.

Conclusions: chemotherapy improves overall survival in patients aged over 75 years with acceptable toxicity. chemotherapy should not be withheld from elderly patients.

P2-326 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

Extracellular matrix expression in non-small cell lung cancer and the relationship with neo-adjuvant chemotherapy

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Objectives: To investigate the expression of extracellular matrix in neo-adjuvant chemotherapy and control group, and its relationship with clinical significance in non-small cell lung cancer.

Methods: Expression of extracellular matrix in lung cancer tissues was detected in 73 patients by using immunohistochemistry Envision method.

Results: The median survival of 14 patients with low expression of fibronetin was 67month, 57 patients with positive expression was 38month. A significant difference existed between the two groups (P=0.048). The high expression of laminin in neo-adjuvant chemotherapy group were negatively related to clinical response.When analyzed only patients randomized to neo-ajuvant chemotherapy using cox stepwise regression analysis, the TNM stage is the only prognosis factor to survival.

Conclusion: Overexpression of some extracellular matrix may be involved in the negative chemoresponse rate. The survival time of fibronectin and laminin negative patients may be longer than positive patients.

P2-327 **NSCLC: Cytotoxic Chemotherapy Posters, Tue, Sept 4**

First-line chemotherapy of vinorelbine/cisplatin (NP) combined with cyclooxygenase-2 inhibitor celecoxib in advanced non-small-cell lung cancer (NSCLC)

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Objective: To investigate efficacy and safety of first-line chemotherapy of vinorelbine/cisplatin (NP) combined with cyclooxygenase-2 inhibitor celecoxib in advanced non-small-cell lung cancer (NSCLC) patients.

Methods: 65 NSCLC patients were randomly assigned to Arm A or B. In the arm A, 32 patients were treated with vinorelbine 25mg/m^2 iv on days 1 and 8, cisplatin 75mg/m^2 iv on day 1 and celecoxib 400mg bid po on days 1 to 12, repeated every 21 days. In the arm B, 33 cases were treated with NP regimen alone.

Results: Compared with arm B, the response rate in arm A was 35.5% vs 26.7%(P=0.457), disease control rate was 87.1% vs 66.7%(P=0.058), one-year survival rate was 58.1% vs 36.7%(P=0.094) and median survival time was 12 months vs 9.2 months (P=0.062)respectively. Subgroup analysis showed that in the 36 adeno-